



Living a Healthy Life With Chronic Conditions

Attendance Log

Instructions to the Group Leaders: Please clearly print the Workshop Information and the Participant Names below. Write participants' names as they appear on their *Participant Information Surveys*.

Mark each session that the participant attends like this: ☐ X

Workshop Information

Site Name: _____

Start Date: ____/____/____ End Date: ____/____/____

Session Number

| Participant Name | 1 | 2 | 3 | 4 | 5 | 6 |
|------------------|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |